

Nevada Advisory Council for Children with Special Health Care Needs (CSHCN)
Healthy Kids-Automatic Newborn Enrollment Workgroup

April 27, 2007

John Whaley, Social Services Chief, Division of Health Care Financing and Policy, (DHCFP)
Richard Groseclose, Management Analyst III, Business Lines, DHCFP
Lorraine Oliver, RN, CCM, Public Health Nurse 2, Southern Nevada Health District (SNHD)
Maria Theresa Johnson, SNHD
Bonnie Sorenson, SNHD
Veronica Morata-Nichols, SNHD
Marti Cote, DHCFP
Dena Sergeant, Anthem Partnership Plan, Las Vegas
Valerie Gibbs, Anthem Partnership Plan
Jamie N Collins, Anthem Partnership Plan
Vivian Hanson, Nevada Health Center
Jameson Martela, Nevada Health Center
Debra Wagler, Program Manager, Bureau of Family Health Services (BFHS)
Yolanda McDade, Health Program Specialist, Elko BFHS
Tiffany Young, Health Program Specialist, Reno BFHS

The meeting began at 10:00 a.m. at the Division of Health Care Financing and Policy (DHCFP), 1100 E William Street, Ste 101, Carson City, Nevada and Sprint Intercall teleconferenced.

CALL TO ORDER, INTRODUCTIONS

Debra Wagler called the meeting to order and recapped the September 7, 2006 meeting.

Title V is the Federal funding stream for the Maternal and Child Health program; Bureau of Family Services (BFHS) within the state and their function is building working relationships across agencies Medicaid, Welfare and all other organizations' that serve children. Health Resources and Services Administration (HRSA) who funds Title V had taken quite an interest in Early Periodic Screening Diagnosis and Treatment (EPSDT) and offered technical assistance in which Nevada was one of six states to receive this assistance. At this meeting of key stakeholders held on September 7, 2006, there was a facilitator to help attendees identify what the priorities are in Nevada to make the Healthy Kids program available to more children. Questions were asked about how to increase the number of providers offering the service and how to increase the number of children receiving the benefit. Four workgroups were formed to raise awareness about the existence of this free benefit for Medicaid and State Children's Health Insurance Program (SCHIP) eligible families.

The four workgroups are: (1) Parent Support and Education focusing on how to get family friendly materials out to families where they can understand the importance of the frequency of the healthy kid's screenings. (2) Tribal, Local Health Department, and Managed Care Organizations working on how these entities operate in very different ways, to improve communication and cross referrals, how to resolve billing and data reporting issues and is information being disseminated/shared with all. In addition, they have developed a matrix which

explains by geography; population density and jurisdiction whether a child receives Healthy Kids by fee-for-service or managed care and when there is an option such as receiving services at the Tribal clinics. The matrix is close to being finished and will be shared with all workgroups.

(3) Cross System Linkages will not meet until after the legislation session, as many of the participants will be State agencies. (4) Automatic Newborn enrollment workgroup is this group. The focus is on shortening the time to enroll newborns and improve the numbers of newborns receiving the Healthy Kids screen amount of within the first six months of life. At the September 7, 2006 meeting, there was great interest on the Automatic Newborn enrollment workgroup. The initial meeting was delayed so Medicaid and Welfare could work on some internal procedures. Ms. Wagler stated the Division of Health Care Financing and Policy (DHCFP) deserve a lot of credit for stepping up and making several changes to improve the process. John Whaley will report on the changes later in the meeting. Ms. Wagler asked if there were any questions of how this workgroup was formed or what the function of this workgroup will be.

Ms. Wagler introduced Marti Cote, Social Services Program Specialist; DHCFP, who manages Healthy Kids, had been actively involved; and had attended all the above-mentioned workgroup meetings. Ms. Cote advised she recently attended a meeting in San Francisco, CA where one of the major topics is to re-introduce the Healthy Kids screening form. It was found some primary care physicians were under the impression we did not cover EPSDT anymore because there was not a form describing the screening. In addition, there is data showing more compliance screenings when physicians use the forms. Developing the form could take six months to a year.

NOMINATE AND VOTE FOR THE CHAIR AND VICE-CHAIR POSITION

Ms. Wagler requested nominations for the chair and vice-chair position. Mr. Whaley nominated himself for the Chair. Ms. Wagler entertained a motion to nominate Mr. Whaley for the Chair position. Ms. Cote seconded the motion. **MOTION APPROVED.** Mr. Whaley asked for nominations for the Vice-Chair position. Ms. Wagler entertained a motion to nominate Lorraine Oliver for the Vice-Chair position. Mr. Whaley asked if there were any other nominations, no opposed, Richard Groseclose seconded the motion. **MOTION APPROVED**

REVIEW AND DISCUSS SEPTEMBER 7, 2006 LEADERSHIP WORKSHOP

Item taken out of order and were discussed right after the introduction.

UPDATE ON STATE AGENCIES' INTERNAL IMPROVEMENTS FOR DATA SHARING ACROSS MEDICAID AND WELFARE DATABASES.

Mr. Whaley advised DHCFP are in the process of flow-charting out all the different issues were having with unborn, as soon as they are born, being enrolled in the correct Health Maintenance Organization (HMO). We can review and discuss at the next meeting. Currently there are requests with the Medicaid Management Information System (MMIS) department to attach the infant to the mother so we can speed up the child's enrollment into the correct HMO. In addition, DHCFP is roughly at fifty percent of newborns enrolled correctly in the right month. Mr. Whaley also shared their biggest idea in development is the program deficiency report (PDR). As soon as a child is known to our system, the newborn will automatically be assigned an HMO determined prior to birth. The next step would be to have Electronic Verification System (EVS) show this information to providers to make them aware this unborn child has a specific predetermined HMO plan and thus allow treatment of the child with no delays. Mr. Whaley feels resolution of these issues will expedite children's access to care and treatment. Finally, negotiation is needed between the Welfare departments Nevada Operations of Multi-

Automated Data Systems (NOMADS) system and staff because of issues with the DHCFP system in billing for newborns if the child is born prior to the projected birth date. Mr. Whaley suggested if the NOMADS staff were able to add an edit requiring a projected birth date which matches the mother's Estimated Date of Confinement (EDC); accept HMO's updates that a child had been born; accept or investigate reports from the HMO mother unreported to NOMADS system is pregnant; or when any of these issues are reported investigate them either with the mother or HMO directly. This cooperation from Welfare, along with other steps being taken by DHCFP, could improve enrollment to 98 or 99 percent accuracy. Ms. Wagler asked if this was a training issue or a data system issue. Mr. Whaley said it relates to the inconsistency and disparity of the projected date of birth versus the actual date of birth. Jamie Collins, Anthem Partnership Plan advised another problem issue is unexpected premature births, thus not being in the DHCFD system, subsequently will not be eligible for benefits in their system. Ms. Oliver asked if there was anyone from the Welfare department in attendance and if not, how today's findings are reported back to them. Mr. Whaley recommended sending meeting minutes to the Welfare Administrator, Deputy Administrator, and the Chief of the Welfare division with an invitation to attend the next meeting due to the importance of the issues for preventative health and requires their assistance. Ms. Wagler asked if it would be helpful from this subcommittee to draft a letter emphasizing the needs for what is being seen in the field. The Chair will draft a letter.

REVIEW AND DISCUSS PRIORITIES SET SEPTEMBER 7, 2006 AND RECOMMEND NEXT STEPS

Bonnie Sorenson suggested as a collaborative group, we all share responsibility for educating the families and repeat each other's messages; repetition of a message is helpful for families. Ms. Wagler recommended educating pregnant women about pre-enrollment before birth, and sharing provider information on the internet or email as these subcommittees does not have any funds to produce written materials. Mr. Whaley suggested DHCFP could incur some costs by including a separate handout with pertinent information when eligibility applications are mailed. Prior to the MMIS system, providers were shown pending eligibility and 99% of those were deemed eligible, plus Medicaid pays retroactive. Teresa Johnson, Southern Nevada Health District (SNHD) mentioned undocumented mothers-to-be do not apply until the baby is born, again an area for education and possibly the Parent Support and Education workgroup could have some impact. SNHD might be willing to deliver services to babies who are pending enrollment. In addition, they will attend the next First Health training to learn how to bill fee-for-service and expand their coverage. Mothers-to-be in the Managed Care Organization plans (MCO's) need to be reminded of their responsibility to notify Welfare as soon as the baby is delivered, so they can sign up the baby prior to birth (including undocumented pregnant women). Ms. Sorenson suggested at time of discharge from the hospital, might be a good point to offer this reminder to the parents. Mr. Whaley suggested developing user-friendly materials, entering into cross-agency agreements, and offering in-kind exchanges for message sharing. This group would like to see a white paper handout developed comparing the federally required components of EPSDT and the components delivered by Healthy Kids. Ms. Sorenson suggested to follow up on the progress for electronic birth certificates which might speed the enrollment and birth verification process. Education to providers and families switching from MCO's to Fee-for-service (especially for the shift to foster care) greatly disrupts the medical home and frequency of Healthy Kids screens (incompliant with the periodicity schedule).

DISCUSS AND DETERMINE IF ADDITIONAL MEMBERS SHOULD BE INVITED

Mr. Whaley will send meeting minutes to the Welfare Administrator, Deputy Administrator, and the Chief of the Welfare division with an invitation to attend the next meeting. The letter will outline the importance of early enrollment to meet the periodicity schedule of five Healthy Kids screens in the first year (4 of which are within the first 6 months). Mr. Whaley also requested to send suggestions for a potential attendee from Foster Care.

DISCUSS NEXT POTENTIAL MEETING'S DATE AND AGENDA ITEMS

The next meeting is scheduled for July 24, 2007 at 2:00 pm. Add an agenda item to hear from Welfare staff, which of the proposed changes are possible and which are unchangeable.

PUBLIC COMMENT AND DISCUSSION

No public comment.

Meeting adjourned at **11:00 AM.**